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(When Filled In)

(b)(3)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

(b)(6)

NAME OF EMPLOYEE (Last)	(First)	(Middle)
SUDMEIER	ELIZABETH	(NMI)

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
WASHINGTON, D.C.	N.A.
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	**HOME LEAVE RESIDENCE**
WASHINGTON, D.C.	MINNEAPOLIS, MINNESOTA

2. MARITAL STATUS (Check one)

X SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED	ANNULLED

IF MARRIED, PLACE OF MARRIAGE	DATE OF MARRIAGE
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED	DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NO.

NAMES OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH

NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
B.H. Sudmeier	3446 PLEASANT Ave. So. MINNEAPOLIS, MINN	TA-5 5898
NAME OF MOTHER (Or female guardian)	**ADDRESS**	**TELEPHONE NO.**
Josephine A. Sudmeier	3446 PLEASANT Ave. So. MINNEAPOLIS, MINN	TA-5-5898

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. FATHER + MOTHER

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

(b)(3)
(b)(6)

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES	X
	NO	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES	X
	NO	

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

FORM 4-60 61 USE PREVIOUS EDITIONS.

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(4)

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5. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

First National Bank of St. Paul, St. Paul, Minnesota
Account Name: Elizabeth Sudmeier / B. H. Sudmeier

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☒ NO. *(If "Yes" where is document located?)*

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? ☐ YES ☐ NO. *(If "Yes" give name(s) and address)*

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. *(If "Yes", who possess the power of attorney?)*

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

Persons named in Para 3 should not be informed in case of emergency because of age/Health.

SIGNED AT	DATE	SIGNATURE

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